V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10655
1. PLACE OF DEATH	(96)
County Hallest	Registration Dist. No. 290
Village or City Tues Mills Caston	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Welleau Jewell	Marales
(a) Residence: No. Julio Friello	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (surrice the work)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza L. Patterson	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mars 9-1872	7 lest saw h elive on 10-12- ,19 36; death is said
7. AGE Years Months Days If LESS than 1 dey	to heve occurred on the date stated above, at 3, 400cm.
2 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows: Date of one of the principal
kind of work done, es SPINNER, frame	Grennes asta suptimed 10-17-36
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	, , , , , , , , , , , , , , , , , , , ,
10. Date decessed last worked at this occupation (month end spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Jungio ? wills	Dther Contributory Causes of importance:
(State or country) Salfort (b) July (b) Salfort (b) July (b) Salfort (b) Salfort (b) Salfort (b) Salfo	Meriorcheronis, generalist 2 yes
14. BIRTHPLACE (city or town) Sermany (State or country)	Neme of operation Date of Date of
15. MAIDEN NAME AMANA A B Fyles	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) Jelyhuran	23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT MA Eliza altrales (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place CHINDY UNA Date Det. 19th 30	Manner of injury
19. UNDERTAKER A MUN Milleanne (Address Agatom Mil	24. Was disease or Injury In any way related to occupation of deceesed?
20. FILED 10/17, 1936 M. H. Neurus Registrar.	(Signed) — S M. D. (Address) — Z M. D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis NOV 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1		A. C.	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
	10.0

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

N. B.

STATE OF	MARYLAND—CERTIFICATE OF	DEATH

1. PLACE OF DEATH	10656
County Tallot	Registration Dist. No. Z. 90
Village or City Zas Lour 211	No. " Outsido" St, Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
6 0 5 -10	
2. FULL NAME Veorge & Soulland	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 3/3/434	Llast saw h 200 alive on A 200 1936 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.2 m.
7 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of officer
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Clerk Brokerton
9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK at the	
U 10. Date deceased last worked et 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Mary Law	
13. NAME Parker Bordley	
13. NAME BOTHLY 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Beulah Bulley	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury,19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Boulah Builley (Address) Easter Word	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 1937	Neture of injury
19. UNDERTAKER JAMES OF SILVER	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10/3 , 19 36 M. A. Merius Registrar.	(Signed) And M. D. (Address) English M. D.
Acestra.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis OV 6 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenleritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(159)
County Land		Registration Dist. No. 24
Village or City	L muiac	No. St., Wa If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where		
2. FULL NAME WOS	6 Brooks	
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COL	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 117 (1936 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	7	22. I HEREBY CERTIFY, That I attended deceased from
& DATE OF BIRTH (month day and man)	OIT, 21 JE 1936	l lest sew h alive on
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 190 m.
VV	1 day,hrs	
8. Trade, profession, or particular	1 101 2 - 111111,	Date of one
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	4	Trinsline byil 8 mis
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	" whe	
U 10. Date deceased lest worked at	11. Total time (yeers)	
this occupation (month end year)	spent in this occupetion	
to DIRTURI ACT (Situation)	1 -/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	to O	
II 13. NAME	Prooks	
14. BIRTHPLACE (city or town)	1-1	Name of operation Dete of
(State or country)	auther 60	Whet test confirmed diagnosis? Wes there an aulopsy?
E 15. MAIDEN NAME	in Genry	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	21-75	Accident, suicide, or homicide? Date of injury, 19
(State or country)	mon us	Where did injury occur?
17. INFORMANT Address)	Beston Po	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	D. 7 207 21	Manner of Injury
Place Place	Dete. 4777, 19 76	Nature of injury
19. UNDERTAKER (Address)	Mother Co	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED OLD 2171936 U	relation	(Signed) forest (Mora (Magalian) M.

B.—WRITE PLAI

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-WRITE PLAINAY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

IARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 3 1936				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Gallstones	May 1,1923	Gastroenterius	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

M) S)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECCO. Exery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FOR BINDING	S IS A PERMANENT e stated EXACTLY e properly classified. f certificate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINAY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E N CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.
1	-WRITE PLAINEY, W mation should be careft CAUSE OF DEATH in TION is very important

mation should be N. B.-WRITE PLAIN

V. S. No. 1

1. PLACE OF DEAT	Н		<u> </u>	0.
County Jallia	<i>t</i>		Registration Dist. No.	70
Village Dr City Ga	ston		ND. 6 Mergency Proportal St., (If death occurred in a horpyfol or institution, give its NAME instead of street an	Ward
Length of residence in city	or town where	death occurredyrs	nosds. How long in U.S. if of foreign birth?yrs	_mosds
2. FULL NAME		Brow	If U.S. Veteran specify WAR	
(a) Residence: No		(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND	STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR Bl	OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193.6 (Year)
5a. If married, widowed, or divord HUSBAND of (or) WIFE of	ed O. Ca	A CONTRACTOR OF THE PARTY OF TH	22. I_HEREBY CERTIFY, That I attend	1114-7
(OI) WITE OI	Win	MI	- Cet 11 , 19 70, 10 Cet 11	19.36
6. DATE OF BIRTH (month, day,	and yeer)	ct. 11-1936	I lest saw h was a steble Linux	death is said
7. AGE Years	Months	Days If LESS than	to have occurred on the dete stated above, at	
		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
8. Trade, profession, or per kind of work done, a SAWYER, BDDKKEEP	ticular S PINNER,	N. X		
kind of work done, a SAWYER, BDDKKEEP 9. Industry or business in		- tam	sull your	
work wes done, as St SAW MILL, BANK, et	LK MILL,	Wing	Congenial Deformite	
10. Date deceased lest work this occupation (mont year)	ed at h and	11. Total time (yeers) spant in this occupetion	July 1984 Suite	·
12. BIRTHPLACE (city or town)	Caston.	Md.	Other Contributory Causes of Importance:	
(State or country)	House	. Acares		
13. NAME 111101	Han	d human	4 4	
14. BIRTHPLACE (city or tow (Stete or country)	1) July	rui, Md	Name of operation Delevery Corrus Oete of What test confirmed diagnosis? Clumeal Was there a	10/10 3
IS. MAIDEN NAME SES	ie W	and Johnson	23. If death was due to externel causes (VIOL ENCE) fill In also the follow	ving:
15. MAIDEN NAME 15. 16. BIRTHPLACE (city or town (State or country)	Herry Con	ixton dalley	Accident, suicide, or homicide? Date of injury	
∑ (State or country)	Mand	l'a	Where did injury occur?	
17. INFORMANT SSSS	6 13,	Lower Mid.	(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR RE			Manner of injury	
Place Spring	houre,	1 Date 10 / 12 ,131	Neture of injury	
19. UNDERTAKER (Address)	ingi	I moorej	24. Wes disease or injury in any way related to occupation of deceased? If so, specify	ho
111	2	2.41	(Signed) Zue Jalua	- M I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6 1930	July 5,1927	Peritonitis	3 days ago	
TEREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

	infor-	state	
4	tem of	pinous	0000
6	-WRITE PLAINAY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	
	C.p.	PHYSI	
75	NT RE	LY.	
NDIN	MANE	XACT	
OR BI	A PEF	ited E	,
MARGIN RESERVED FOR BINDING	HIS IS	be sta	,
SERV	INK-T	Should	
IN RE	DING	L AGE	
[ARG]	UNFA	supplied	
	WITH	efully a	
	I.Y.	be car	
)	TE PLA	plnods	
1.	-WRIT	mation	

N. B.-WRITE PLAI

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

							40001
STATE OF	MARYL	AND-	-CER	TIFICATE	OF	DEATH	1065

1. PLACE OF DEATH	(go-7)
County Tallot	Registration Dist. No. 291
Village or City Nearth	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
Langth of residence in city of town where death occurred	Qras. now long in 0.5. If of foraign birth?yrsmosas.
2. FULL NAME William M. Lamper	1f U.S. Veteran specify WAR.
(a) Residence: No. Residence (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female white OR DIVORCED (write the word)	Cex /6,193 6
Ma. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBANO of Joseph Camper	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) July 13 1867	Vast saw her elive on Oex 16, 1936, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 2-Am.
69 2 4 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8 Trade profession or particular	were as follows: Oate of onset
SAWYER, BOOKKEEPER, etc.	- B
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (mght and	Thronic Oudo cardelis; Duration
SAW MILL, BANK, etc	three years. Cavit To
10. Oate deceased last worked at this occupation (month and yaar) 11. Total time (yaars) 3 yaar) 12. Total time (yaars) 3 yaar) 12. Total time (yaars) 3 yaar) 13. Total time (yaars) 13. Total tim	
But	Other Centributory Causes of Importance:
12, BIRTHPLACE (city or town) (State or country)	(0)
13. NAME John mortines	Mome arthretes
13. NAME form Mortanes 14. BIRTHPLACE (city or town) Baltunes	Name of operation Date of
(State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME Clisabet Chamberlain	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Clyatet. Chambellus 16. BIRTHPLACE (city or town). Botto	Accidant, suicida, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Mis Bessie Ball	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Newitt mel	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date Date 1945	Nature of Injury
19. UNDERTAKER JEWNAM + Harrison	24. Was disaase or injury in any way related to occupation of deceased?
	(Signed) J. H. Hole M. D.
20. FILED Oct 17, 1936 Johnstfurvalle Registrar.	(Address) St. Michaels Md.
If more blanks are needed address State Projection	N. Challe Start Believe Benefit of S. M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Han.	Salle Johnson on certi	CERTIFICATE OF REATH
infor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	10000
of of other	County Talkal	Registration Dist. No. 1 290
	Village of City Caston Marylan	& No. Mergency tookelast, Ward
= 0	(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) Only William In U.S. If of foreign birth?
ent A N	(). Al you or 1.	9.00
D. Every YSICIANS statement	2. FULL NAME Marshuf III Larlys	If U.S. Veteran specify WAR
CCD. Every PHYSICIANS act statement	(a) Residence: No. (Usual place of abode)	Mard. If nonresident give city or town and State
PH ct	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E E E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH DATE
T X	Jemale While OR DIVORCED (write the word)	(Month) (Day) (Year)
NDING RMANENT X A C T L 1 classified.	5a. If married, widowed, or divorced HUSBAND of	
O V V	(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
	5 DATE OF BIRTH (month day and year) Man 2000 34	I last saw h LV alive on OCT // 1936 : death is said
H - G	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 m.
FOR B IS A PE stated E properly	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
F(IS sta pro	8. Trade, profession, or particular	were as follows: Date of onset
VED THIS	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Soutes - Politi I week
RVE K—TJ nould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SER NK- shot it m		
S I M to	10. Data deceased last worked et this occupetion (month and yeer) spent this occupetion	
	12 PIPTUDI ACE (city or town) Caroline Co.	Other Contributory Causes of Importance:
IN I	12. BIRTHPLACE (city or town) Maryland	
IARGIN UNFADII upplied. terms, so	13. NAME John Carlible De	
7 5 4 5 %	I	Name of operation Date of
S aii	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis & Lugaral & Con Was there an autopsy?
WITH efully in plair Sant. S	15. MAIDEN NAME Vinda andrews	23. if deeth wes due to externel causes (VIOLENCE) fill in also the following:
D == 4	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be carry	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17, INFORMANT John Carlide (Dather)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA Should OF D	(Address) Deuton md.	
E S E	18. BURIAL, CREMATION, OR REMOVAL Place Livery Core Cons. Date Oct. 12 19 36	Menner of injury
-WRITE mation s	Place June 19 Jan 19 Ja	Nature of Injury
	19. UNDERTAKER Lugal Stone	24. Was disease or Injury in any wey related to occupation of deceased? 2222
T B S	(Address)	If so, specify (Signed) M, D
, Z	20. FILED / 12, 19 3 6 // - TY , Yes Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 0 1990	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA.

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Exact

CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(181)
	County (allow)	Registration Dist. No.
	Village or City Easton Maryland	No. 6 Mexical St., Ward death occorred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	A 11.
	2, FOLL NAME Mus. Lillian Co	erlass. Veteran specify WAR.
h	(a) Residence: No. Residence (Usual place of abode)	assne Chard. Maryland I nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Widowed Widowed	21. DATE OF DEATH (Month) (Day) (Year)
	15a. If married, widowed, or divorced HIGSBAND of (or) WIFE of Thomas Carter	22. Of HEREBY CERTIFY That t attanded decaased from 1936, to Oct 31, 1936
e.	6. DATE OF BIRTH (month, day, end year) Vec. 9- 1891	I last saw h LN aliva on Oct 3 1 , 1936; daath Is said
certificate	7. AGE Yaers Months Days If LESS than I dayhrs.	to heve occurred on the data stated abova, atmm.
erti	44 10 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causa's of importence ware as follows:
of ce	8. Trade, profassion, or particuter kind of work done, as SPINNER. House Reeperd.	Annua Sanaput Mahail
	9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	Eulie Bary out 36
instructions on back	10. Date dacased last worked at this occupation (month end yaer) . 11. Total time (years) spent in this occupation . 20.430	
ctions	12. BIRTHPLACE (city or town) Junis Mills	Other Contributory Causes of Importance:
stru	(State or country) Maryland	slyell -
	13. NAME William Young 14. BIRTHPLACE (city or town) Ballamare (State or country)	Name of operation De bredwell Data of OP 5/3/
See	(State or country)	Whet test confirmed diagnosis?
at.	15. MAIDEN NAME Emma M- Heal	23. If daath wes due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)	Accident, sulcida, or homicide accident Date of injury 0/54, 19 36
u bo	(State or country) Maryland	Whare did injury occur? at home Roberts Turk (Specify city or town, county and State)
very in	17. INFORMANT S. Farriell Wawkins (Addrass) & astra, Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is v	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury clother equiled while lightly fire
	Place Du Attroft Le Date 1932 3 1932	Nature of injury Second Degree Ville
TION	19. UNDERTAKER White the Country of	24. Was disease or injury In any way ralated to occupation of daceased?
1	20, FILED !! / 22. , 1936 N. H. Merries Registrar.	(Signed) M. Ettleway M. D. (Addrass) Explain Lea
- 3		

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Juy5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 10662 OCCUPA-1. PLACE OF DEATH plnods item SZ Length of residence In city or town where death occurred PHYSICI statem (a) Residence: No (Usual place of abode)

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

Months

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

11. Total time (years)

occupation __

Deys

If LESS than

1 dey,hrs. or min.

6			istration Dist.			
No. Ce	uerge	ney,	Horhe	tas		Ward
10s. 4 ds. 1	low long in U.S	. if of foreign	birth?	_yrs	mos	ds
nu	If U. S. Veter	an, specify	WAR	~		****
ade	Ward.	If n	onresident give	city or town an	d State	
	MEDICAL	CEDTIE	CATEO	DEATH		

est. Ward.	If nonresidei	nt give city or town as	nd State
MEDICA	L CERTIFICAT	E OF DEATH	
21. DATE OF DEA	The ber (Month)	(Day)	, 193 3 6 (Year)
I last saw h. Lr. alive to heve occurred on the da	te steted above, at 2		←; death Is said
Other Contributory Causes			
Name of operation	sis? Ibue	Date of	n autopsy?
23. If death was due to exter Accident, suicide, or homic Where did Injury occur?	ide?		, 19

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Menner of injury Nature of injury 24. Was diseese or injury in eny way 19. UNDERTAKER (Address) If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR BINDING ARGIN RESERVED Exact

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certificate. properly

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CAUSE OF DEATH in plain terms,

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mation should

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PERMANENT

3. SEX

7. AGE

OCCUPATION

FATHER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTII (month, dey, and yeer)

10. Dete deceased last worked et this occupation (month and

14. BIRTHPLACE (city or town) (State or country)

12. BIRTHPLACE (city or town) (State or country)

13. NAME

8. Trede, profession, or perticular kind of work done, es SPINNER,

SAWYER, BOOKKEEPER, etc. _ 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc._____

Years

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage NOV 6 1936	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR H	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	SCORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	m 0
FOR BINDING	IS A PERMANENT R	stated EXACTLY.	properly classified. Ex	certificate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, 1	mation should be care	CAUSE OF DEATH in	TION is very importar

V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Jallol C + h +	Registration Digt. No. 290
Village of Citye! 105 to 1100	No. Meidency tospital st., Ward
	death occuped in a horbital or institution, give its NAME instead of street and number)
house of a	If U.S. Veteran specify WAR
2. FULL NAME TOMES DELIGIE	
(a) Residence: No.	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY. That i attended deceased from
(or) WIFE of Netties and	22. HEREBY CERTIFY That i attended deceased from
6. DATE OF BIRTH (month, day, end year)	i lest saw h. WAA elive on Oct. 10 ,19 76; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 0.5% m.
alout 5' 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	havor Pheamoure heFThores 1010136
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	
SAW MILL, BANK, etc.	
O 10 Dete deceased last worked at this occupation (month and 5/26) spent in this occupation.	
Jean Jean Jean Jean Jean Jean Jean Jean	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country)	Cardio Renal Insufficiency
Ŧ O	Name of operation Date of
4 14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME Que l'a Maulaine	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT (Regard W. Erigle) (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pulsuru Date '0/12 ,1936	Nature of injury
19. UNDERTAKER W. JA. Hollist Spre	24. Was disease or injury in any way related to occupation of deceased?N_5
	(Signed) Franka B Planner M. D.
20. FILED 1. 0 1936 / J. Flesher. Registrar.	(Address) Pulls Walnuis
If more blanks are needed address State Penistran	Charles Street Baltimore Downston (1) C No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH	119
	County Salbot County	Registration Dist. No. 290
13	Village or City Coa Low Man	No. Qualraluss How Male St., Ward death occurred in a horpital or institution, live its NAME instead of street and number)
	most of residence in city or town where death occurredyrsmos.	ds. How long In U. S. If of foreign birth?yrsmosds.
M G	2. FULL NAME Tay mond tarbants	If U. S. Veteran, specify WAR
	(a) Residence: No. Trappe	St., Ward. MA. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word) OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of	22. JHEREBY CERTIFY. That I attended deceased from
	(or) WIFE of	Oct 29 1936 to Oct. 30,1936
te.	6. DATE OF BIRTH (month, day, and year) 1936	I last saw h. i alive on
certificate.	7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Elles Caleles 10/18/36
back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	TYV
instructions on	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:
uctio	12. BfRTHPLACE (city or town) (State or country)	
nstri	# 13. NAME Lenge Edw. Fairbard	
See i	14. Birthplace (city or town) 1 all le	Name of operation Date of
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
important	15. MAIDEN NAME NAGGIE CELES CO (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?, 19
	17. INFORMANT Longe Edy Fairland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Oate Oate 1936	Manner of Injury
TION	19 UNDERTAKER Vaun Coll euran Ton	24. Was disease or Injury In any way related to occupation of deceased?
I	(Address) lectestes 211d	If so, specify
7	20. FILEO 10/30 , 1936 A fl. / leves Registrar.	(Signed) M. D. (Address)

V. S. No. 1

7. PHYSICANS should state Exact statement of OCCUPA-

stated EXACTLY.

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAI

N. B.

IARGIN RESERVED FOR BINDING

b. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EXC ST Account of			
Other contributory causes of importance:		Other contributory causes of importance:	TU-TU-T
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

certificate.

Exact statement of OCCUPA.

1. PLACE OF DEATH County Albot County Coun	STATE OF MARTLAND	-CERTIFICATE OF DEATH
Village of City North Courted in a hospital or mutation, given NAME inside of street and number? (If Seall, occurred in a hospital or mutation, given NAME inside of street and number? (a) Residence: No. O PRIMARIPHE OF Books. (b) Residence: No. O PRIMARIPHE OF Books. (b) Residence: No. O PRIMARIPHE OF Books. (c) Residence: No. O PRIMARIPHE OF Books. (a) Residence: No. O PRIMARIPHE OF Books. (b) Residence: No. O PRIMARIPHE OF Books. (c) Residence: No. O PRIMARIPHE OF Books. (c) Residence: No. O PRIMARIPHE OF Books. (d) Residence: No. O PRIMARIPHE OF Control of Indianal Control of	1. PLACE OF DEATH	210000
Village of City Note of the Court of the Co	county Jalbot County	Registration Dist. No. 290
Content of the cont	William getting Easton Ma	1
2. FULL NAME (a) Residence: No. (b) Color Rubus place of abode) St., Ward. (c) Residence: No. (d) Color or Ruce St., Ward. (e) Residence: No. (f) Color or Ruce St., Ward. (f) It nonexident give city or town and Seate PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRID, WIDDWED, DR DIVORCED (winic the word) (f) Color or divorced HIUSAND of divorded or divorced HIUSAND or divorced HIU	Village of City	THO.
(a) Residence: No. Color	Length of residence in city or town where death occurredyrs	nos. 2 a roids. How long In U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	2 FILL NAME TOTALS Tiplds	- If U.S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDDWED. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 102. 22. DATE OF DEATH 103. Lo. 104. 105. Lo. 105		Ch Word Lucy Ton
3. SEX 4. COLOR OR RACE DR DIVORCED (unite to word) 5. If married, widowad, or divorced HUSBAND of 6. DATE DF BIRTH (month, day, and yeer) 7. ACE Years Months 1 t LESS than 1 day,		
5s. If married, widowed, or divorced HUSPAND or (Nonth) (Day) (Yeer) 5s. If married, widowed, or divorced (Month) (Day) (Yeer) 5s. DATE DF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 dey,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sa. If married, widowed, or divorced the state of the sta	. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH
55. If married, widowed, or divorced HUSPAND or Committee of Committee	101-101001	
HEREBY CERTIFY. That I ettended deceased from 19.5 b, to 19.5 b. Itest saw ha	The transfer of the transfer o	(Month) (Dey) (Yeer)
6. DATE DF BIRTH (month, day, and yeer) 7. ACE Years Months Years Months Vears Months	HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceased from
T. AGE Years Months 1 dey,hrs, ormin. 3. Trabe, profession, or particular kith of work done, as SPINNER, SWYER, BORKEPER, etc 10. Date edoneted 11. Total time (years) spent in this occupation (month end part) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or quuriry) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Plece. Manuary Plece. Manuary 18. BURIAL, CREMATION, DR REMDVAL Plece. Manuary 19. 3. Washington 10 deyhrs. 10 deyhrs. 11 deyhrs. 12. BIRTHPLACE (city or town). (State or quuriry) Whet test confirmed diagnosis? Wes there an autopsy? 23. If deeth wes due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? (Specify whether injury occurr? Name of injury. Whet did injury occurr? Name of injury. Whether of injury Name of injury Nature of	Wany 17 Clu	
7. AGE Years Months Deys If LESS than 1 deyhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset Were as follows: Date of onset Were as follows: Date of onset Date of o	DATE DE RIRTH (month day and year) 1414 14 - 1890	1 lest saw h_m alimon Oet. 9 19.36 death is seid
1 dey. hrs. or. min.		to heve occurred on the dete stated above, at 255 P.m.
STrate profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc	1 dey,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9. Industry or business in which wark was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end this occupation) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (Stee or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMDVAL Place. 18. BURIAL, CREMATION, OR REMDVAL Place. Manner of injury. Nature of injury. Manner of		were as follows:
9. Industry or business in which was compared in which was compared by this occupation (year) 10. Date decessed lest worked et this occupation (month end this occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stee or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Plece Markey Plece Markey 19. Industry or business in which work and the great of the contributory Causes of importance: 18. BURIAL, CREMATION, OR REMDVAL Plece Markey Name of operation Date of Whet test confirmed diagnosis? West there an autopsy? 23. If deeth wes due to externel causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of inj	kind of work done, as SPINNER,	4. 10 Va. 10 - 1102
Dther Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL (Address) 18. BURIAL, CREMATION, DR REMDVAL (Address) 19. See See See See See See See See See Se	9. Industry or business in which	maerino Spine
Dther Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL (Address) 18. BURIAL, CREMATION, DR REMDVAL (Address) 19. See See See See See See See See See Se	work was done, as SILK MILL, WILLIAM THUSE	obilising engineers
Dther Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL (Address) 18. BURIAL, CREMATION, DR REMDVAL (Address) 19. See See See See See See See See See Se	10. Date deceesed lest worked et () 11. Total time (years)	
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(State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDUAL Plece Markey Date Of Whet test confirmed diagnosis? Wes there an autopsy? Accident, sulcide, or homicide? (Specify city or town, county and State) Specify whether Injury occur? Place Manner of injury Nature of injury Nature of injury Nature of injury Takkey Name Name of operation Whet test confirmed diagnosis? Wes there an autopsy? West there an autopsy? Accident, sulcide, or homicide? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Takkey Name of operation Whet test confirmed diagnosis? West there an autopsy? Accident, sulcide, or homicide? Accident	Munistrial	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Plece Manner of injury Manner of injury Name of operation Whet test confirmed diagnosis? Wes there an autopsy? Accident, sulcide, or homicide? Whet did Injury occur? New Country and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury Nature of injury Natur	Variable 1	
Whet test confirmed diagnosis? West there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Whet test confirmed diagnosis? Accident, sulcide, or homicide? Where did Injury occur? Place Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury The same of the same autopsy? Where did genosis? West there an autopsy? Accident, sulcide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury Nature of in		
Whet test confirmed diagnosis? West there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Whet test confirmed diagnosis? Accident, sulcide, or homicide? Where did Injury occur? Place Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury The same of the same autopsy? Where did genosis? West there an autopsy? Accident, sulcide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury Nature of in	15. MARIE HIT TERM	
Whet test confirmed diagnosis? West there an autopsy?	14. BIRTHPLACE (city or town) The Control of	Name of operation Date of
17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Plece Marion Date Oct. // 19.35 Nature of injury Fractions Shell - indicating in the state of the sta	(State of Country)	Whet test confirmed diagnosis? Wes there an autopsy?
17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Plece Marion Date Oct. 11., 19.35 Nature of injury Trustures Shell - unless equive.	15. MAIDEN NAME	23. If deeth wes due to externel causes (VIDLENCE) fill in also the following:
17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Plece Marion Date Oct. 11., 19.35 Nature of injury Trustures Shell - unless equive.	16, BIRTHPLACE (city or town)	Accident, sulcide, or homicide? accident Dete of injury Oct 9, 19 3 6
17. INFORMANT A COUNTY OF THE DELLE PLACE. Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Wanner of injury Nature of injury	(Stata or country)	
(Address) (MCM) 18. BURIAL, CREMATION, DR REMDVAL Piece Marion Course Oct. 11., 19.35 Nature of injury Freduces Shell - inlend systems At We discovery injury to the property of the prope	7 INFORMANT IN MUNIC STOLLEN	Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
Plece Marion Care Date Del. 11, 19.36 Nature of injury Francis Sheele - interal experses		Tublie highway
See Cotte of the see o	8. BURIAL, CREMATION, DR REMOVAL	Manner of injury auth ingury
19. UNDERTAKER The Bradsham 24. Was disease or injury in any wey releted to occupetion of deceased? To wit Con	- 1/10 1 that 1 vale - 1 1/0/- 11	1 1/00
19. UNDERIAKER AND THE STATE OF	Plece Market Date Date 11., 19.0	Nature of injury Freduce Chell - which typing
	S. C. B. Delle	resture of injury
(Signed) True Haling	9. UNDERTAKER JANG (Bradskauer	24. Was diseese or injury in any wey releted to occupetion of deceased?
20. FILED / O 19 19 3 6 / VY / Registrar. (Address) Gaslow Lud	9. UNDERTAKER ME (1 Brandskauer (Address) Cris Sield Mil	resture of injury

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 6 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

IARGIN RESERVED

V. S. No. 1

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-Y, WITH UNFADING INK-THIS IS A PERMANENT RECA stated EXACTLY. be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may -WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10666
1. PLACE OF DEATH	
County Salbot	Registration Dist. No. 290
Village or City near Easto Te True	No. Outside St., Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jose for thelian	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That f attended deceased from
S. DATE OF BIRTH (month, day, and yeer)	I last sew har allve on Der 1 5 6 1955; death is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, atm.
Clauf 60 leukinger or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trede, profession, or particular kind of work done, as SPINNER.	- A A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Andustry or business in which	Varemoma of face 1934
work was done, as SILK MILL, SAW MILL, BANK, etc.	. Issonary in skin's Diffation : fores years.
10. Date deceased last worked at this occupation (month and spent in this	Cuife Co.
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) Mary Land	
13. NAME LITTLE This arty	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
15. MAIDEN NAME ATTACK	What test confirmed diagnosis? The Was there an eutopsy?
	23. If death was due to external ceuses (VIOLENCE) filf in also the following: Accident, suicide, or homicide?
16, BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
500 100-	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Eastern 15.	V
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date 19.5	Nature of Injury
19. UNDERTAKER (Address)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 10/27 , 1936 A. Herrey Registrar.	(Signed) Welleaux Manuer M. D. (Address) Zorloz 22
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Cerebral hemorrhage NOV 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state o that it may be properly classified. Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-60 CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0667
1. PLACE OF DEATH	46-C	
County Vallat	Registration Dist. No. 2	10
Village or City Gaston (IF	ND. (e Mer gence Horz retal St., death occurred in a horpiful or institution, give it NAME instead of street and a	Ward
Length of resideace in city or town where death occurredyrsmos.		
2. FULL NAME Mra Stage Hackett	If U.S. Veteran specify WAR	,
(a) Residence: No. Federalshura Md.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Terrale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 8 (Month) (Day)	, 193.6 (Year)
5a. If marriad, widowed, or divorcad		descend from
(or) WIFE of Mr. Charles Trackett	1 HEREBY CERTIFY, That I attended of	19.36
6. DATE OF BIRTH (month, day, and year) Tel. 16, 1874	I last saw hold alive on Och 8	; death is said
7. AGE Years Months Days If LESS than	to hava occurred on tha data statad abova, at 5:10 Q'm.	
62 7 32 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance ware as follows:	Date gionset
8. Trada, profassion, or particular kind of work dona, as SPINNER,	Caponina of Legurit	(5)
SAWYER, BDDKKEEPER, etc. House North	Ruphele of Deques	9/4/36
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Niohla Melleli	1926
U 1D. Data dacaased last worked at	your absences	7/4/36
this occupation (month and 10, 12, 12, 12, 12, 12, 12, 12, 12, 12, 12		
12. BIRTHPLACE (city or town) a cole stee Co.	Other Contributory Canoes of importance:	K
(State or country)		
II 13. NAME Track & Looner	Jalobar Jalobar	
13. NAME Transle & Comment of the State or country)	Name of operation level Signia arthathe Date of	7/19/56
(State or country)	What tast confirmed diagnosis? Olivered To. Was there an a	utopsy?_26
15. MAIDEN NAME Selen Nebols 16. BIRTHPLACE (city or town) Puttsfield (State or country)	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following	
5 16. BIRTHPLACE (city or town) Puttsfield	Accident, suicide, or homicide? Data of Injury	, 19
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State	-\
17. INFORMANT Charles W. Hadbett (Addrass)	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ČE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place te la la lung Date 10 10, 1936	Nature of injury	
19. UNDERTAKER A. J. Fransiston + Son	24. Was diseasa or injury in any way ralated to occupation of dacaasad?	
(Address) (Defderalsburg Maryland	If so, specify	
20. FILED 1.0/8 , 19.3 6 7 9 1 . Mercan	(Signad) (Addrass) (Addrass)	M. D.
	Constant	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1936	July 5,1927	Peritonitis	3 days ago
WEAT V S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be TION is very important. See instructions on back of

mation should be carefully supplied.

certificate.

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(119)	0 >
County 1.0100	Registration Dist. No.	7.0
Village or City Caston, YMd	ND./ USY ALUCY TO COLTA St., death occurred in a horpital prinstitution rive its NAME instead of street and as	Ward
Length of residence in city or town where death occurredyrsmos		
20 FULL NAME HUZRI Zlizabeth 18	A WAS U.S. Veteran specify WAR.	
(a) Residence: Np.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX. 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193(Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22. Challere By CERTIFY, That Jattended d	lacased from
(or) WIFE of	Ch. 10 1936 to Oct 12	19.
6. DATE OF BIRTH (month, day, end year) (VC), 74. 1935	I last saw h. O. alive on Oct - 22 1936	; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data danat
8. Trade, profession, or particular	J	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sonteno-Colles	10-18-34
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at 11. Total time (years)		
10. Date deceased lest worked at this occupetion (month and year)		**********
Zactina MIA.	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Diff March	10
	o are	10-2076
=	Nome of counting	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis Was there an au	utonev2 30
I 15. MAIDEN NAME KATARTIAR / SUL MANS	23. If death was due to external causes (VIDLENCE) fill in also the following:	
15. MAIDEN NAME ATTENTION 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	
State or country)	Where did injury occur?	
17. INFORMANT Kallerine Suikus	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Zastan Ma.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place	Nature of injury	
19. UNDERTAKER MS M. A. P. W. C.	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Sastote Ma	If so, specify	
20. FILED/0/23 , 836 /7 JY 1/ leve	(Signed)	7 M. D.
Registral.	(Address)	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 6 1936	July 5, 1927	Peritonitis	3 days ago
NOV SALL V. S	-3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

X	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RECOM	7. PHYS	Exact sta	
BINDING	ERMANENT	EXACTLY	y classified.	te.
FOR	IS A P	stated	properl	certifica
RESERVED	G INK-THIS	GE should be	that it may be	ns on back of
MARGIN RESERVED FOR BINDING	ITH UNFADIN	lly supplied. A	plain terms, so	See instruction
5	ITE PLAINLY, WI	on should be carefu	SE OF DEATH in 1	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWR	mati	T) CAU	TIOI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10663
1. PLACE OF DEATH	(95Z) ZDV 22000000
County Tallot	Registration Dist. No. 290
Village of Cite Backen Inch	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrs,mos,ds.
2. FULL NAME James James	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Many My Janes, Ever	22. HEREBY CERTIFY That I attended decessed from
8. DATE OF BIRTH (month, day, and year)	I last saw h down alive on Set 17 , 19 36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 4m.
82 8 3/ 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	arguar Joyune
SAWYER, BOOKKEEPER, etc.	Taypulmon ander 1735
work was done, as SILK MILL, SAW MILL, BANK, etc.	facular Pictare
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	D.A.
(State or country)) enilly
14. BIRTHPLACE (city or town)	J
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
	What test confirmed diagnosis?
15. MAIDEN NAME Mary 11.	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
(01-1 to D)	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	opening whether the transfer and the tra
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Markage Date 7/1 10, 1936	Nature of Injury
19. UNDERTAKER MARCO & Spane.	24. Was disaase or injury In any way related to occupation of deceased?
(Modress) Zastore Mod	If so, specify
20. FILED 10/10, 19.3 6 71 JA . Alexandre	(Signed) M. D. (Address) Carlon M. D.
Registrar.	(noulses)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	į į	Example II	
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Chronic interstitial nephritis UV 6 1936	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For suthourstin A change date & burial see letter 1	. 0 0 0.
"nevines" (2/5/36 B.	iled under

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Jalbat County	Registration Dist. No. 296
Village or citye Gaston Md	ND. Comergency Hospital. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Norma Live Jone	ds. How long in U.S. if of foreign birth?
(a) Residence: No. Julaba (R.A. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH October (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1936, to Oct. 8, 1936
6. DATE OF BIRTH (month, day, end year) March 22, 1936	I last saw h. C.R. elive on
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupetion (month end year) 12. BIRTHPLACE (city or town)	The brone has profession was primary. Deter Contributory Causes of importence:
13. NAME OLIVE ON THE STATE OF	Name of operation Date of What test confirmed diagnosis? Thyparial Enawas there en autopsy? The Date of Date o
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date D	Manner of injury
19. UNDERTAKERT of insuration Scn. (Address) Sadarfallybry mal	24. Was disease or injury In eny wey related to occupation of deceesed? If so, specify (Signed)
20. FILED 9 19 Registrar.	(Address) Sasta 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully, employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6 1936	July 5,1927	Peritonitis	3 days ago	
, RUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Date Dissu	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
<i>\delta</i>	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0671
1. PLACE OF DEATH	948	,
County Salto	Registration Dist. No. 29	0
Village or City Low Total	NoSt.,Step NoSt.,Step NoSt.,Step NoStep No	Ward
Length of rasidence in city or town where death occurredyrs,mos.		
2. FULL NAME Lucia Me Nounbe	If U.S. Veteran epecify WAR	
(a) Residence: No.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Tempe lestites (price the word)		193 6 (Year)
Sa. If married, widowed, or divorcad HUSBAND of		
(or) WIFE of lever & Kousebour Dec	22. I HEREBY CERTIFY, That I attended do	1936
6. DATE OF BIRTH (month, day, and year)	1 last saw hax alive on 1 1 - 25 - , 193 6:	death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 212 2, m.	
77 2 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc) P	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Croxary Theombose,	10-25-30
10. Data deceased last worked at this occupation (month and spant In this		
year) occupation occupation	Other Cautributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Politica Della	
13. NAME Vous Stewart	way ears	
14, BIRTHPLACE (city or town)	Name of operation noul Date of	/
(State or country) / Rull & photosing	What tast confirmed diagnosis Plyn Cylly Was there an au	topsy?_/b
15. MAIDEN NAME Sally Wedleren	23. If death was dua to external causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT And Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Chaafferday, Date 10/29, 1936	Nature of injury	A
19. UNDERTAKER James Charles	24. Was diseasa or injury In any way related to occupation of deceased?	10
(Andress) Sastral Tara	If so, specify	
20. FILED 10/27, 1936//JY : / fleres. Registrar.	(Signed) Mouraum (Alleway) (Address) Laston My	M. D.
	and the same of th	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		A- 1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

5. Every item of infor-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10672
1. PLACE OF DEATH	46-6
County Talbot County	Registration Dist. No. 290
Village or City 695ton Md	No. Omera ency Hos Mal St., Ward death occurred in a horpital of institution, tive its NAME instead of street and number)
	1.0 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME MR. John, Macturlas	If U. S. Veteran, specify WAR
(a) Residence: No. — entrevelle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White Single, Markell, Wildward, OR DIVORCED (write the word)	October (Say) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mamie Mc Farlau	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7 5. 22, 1873	I last saw h \
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
(2) 10 24 Iday,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Carleerne a Howard 1935.5)
9. Industry or business in which	
SAW MILL, BANK, etc.	
O 10. Oate deceased last worked at this occupation (month and year)	
PQ 0 0 0 0 0 . 0.	Other Contributory Causes of importance: A Selection Dellet. april 1956
12. BIRTHPLACE (city or town)	allhetes upelve este 1935
I 13. NAME The Mac Francau	Huce durche r lang belolus
13. NAME Mae talau 14. BIRTHPLACE (city or town)	Name of operation of Place of Det of Det of Def 1. 1936
(State or country)	What tast confirmed diagnosis? Clease to p. Was there an autopsy?
15. MAIDEN NAME Mary & les Corregtore	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide?0ete of injury, 19
m all man	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Md	Manner of Injury
Place Oate 19, 19, 19	Natura of injury
19. UNDERTAKER Suiton Sers	24. Was disease or injury In any way related to occupation of deceased?
(Address) Chileville Mid	(Signed) M. D.
20. FILEO JO 7 , 1936 J. N. J. Registrar.	(Address) Loston MA

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 27 1966				
Other contributory causes of importance V. S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

5. Every item of infor-

-WRITE PLAINEY,

V. S. No. 1 N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH		93-20	
County	Talbot	- ,	Registration Dist. No. 2	10
, , , ,	City Mear!	Easton med	No. 11 St., If death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of res	sidence In city or town where		sds. How long in U.S. if of foreign birth?yrsm	
2. FULL NA	ME/2 Elen	2 Me Quay	If U.S. Veteran specify WAR	
(a) Resider	nce: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSON	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widow HUSBANO of (or) WIFE	Lorsue	· Me Zuay	22. I HEREBY CERTIFY. That I attended 1986 to 10 + 23	deceased from
6 DATE OF BIRTH	(month, day, and year)	Z. + 1888	10.2 - 21	: death is said
-	ars 4/8 Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 220m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profe	ession, or particular work done, as SPINNER, R, BODKKEEPER, etc.	Laborer	were as follows: Mysearditso.	Oate of onset
9. Industry or work wa	business in which as done, as SILK MILL, ILL, BANK, etc.	Farm		-
5 O To: Date decease this occur	sed last worked at upation (month and	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (c (State or cou		som land	Dther Coatribatory Cases of Importance:	-
13. NAME OF	Jours &	nd Quay		-
E 14. BIRTHPLAC	E (city or town)		Name of operation Date of	
(31810 0	9/ 1	31-	What test confirmed diagnosis? Was there an	
15. MAIDEN N	AME, Vanest	Sections	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLAC	CE (city or town)	121	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
	Thorses -	The Quear	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) ACE.
18. BURIAL, CREMA	TION, OR REMOVAL	1	Manner of injury	
Place 24	ew Jown	Date 10/26 , 193		
19. UNDERTAKER) anus l	Bene	24. Was disease or injury in any way related to occupation of deceased?	7
20. FILEO 10/2	6 ,19 36 0	7. St. Neering Registrar.	(Signed) Jayman Jon, Silly	M. D.
	If mor	e blanks are needed, address State Registra	, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis 6 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED FOR BINDING	THE TIMEADING INK THIS IS A PERMANENT RECO
FOF	IS A
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HARGIN K	TINEADING
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7. PHYSICIANS should state Exact statement of OCCUPA-

EXACTLY.

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AGE should

stated E

CAUSE OF DEATH in plain terms, so that it may

D. Every item of infor-

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFAL mation should be carefully supplied.

County Village or City Village or John Where death occurred Village or City Vis. (a) Residence: No. New York (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Registration Dist. No. 293. No. St., (If death occurred in a horpital or institution, give its NAME instead of street and number mos. ds. How long in U.S. If of foreign birth? yrs. mos. If U.S. Veteran apecify WAR. St., Ward. If nonresident give city or town and State	Wa
Village or City Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) (Usual place of abode)	No. St., (If death occurred in a horpital or institution, give its NAME instead of street and number mos. ds. How long in U.S. if of foreign birth? yrs. mos. If U.S. Veteran specify WAR. St., Ward.	Wa
2. FULL NAME (a) Residence: No. Near leading (Usual place of abode)	(If death occurred in a horpital or institution, give its NAME instead of street and number mosds. How long in U.S. if of foreign birth?	per)
2. FULL NAME (a) Residence: No. Near Confere (Usual place of abode)	If U.S. Veteran specify WAR	
(a) Residence: No. Mean leadows (Usual place of abode)	St, Ward.	******
(a) Residence: No. Mean leadows (Usual place of abode)		
(Usual place of abode)		
PERSONAL AND STATISTICAL PARTICULARS		e
	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	1) Clat 1922 193	3.6. (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That I attended decase	ased f
11/4 /2.3	liast saw h/EV s. elive on Olf 6 19 6 day	eath is
AGE Yaars Months Days If LESS th		
/ 4 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade, profession, or particular	were as follows:	ate of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Manue X-	
9. Industry or business in which		41
work was dona, as SILK MILL, SAW MILL, BANK, etc.	a	AC
10. Data deceased last worked at this occupation (month and year)	() () () () () () () () () ()	
16 /	Other Contributory Canses of importance	
2. BIRTHPLACE (city or town)		
13. NAME April Oddesin Stewar		
14, BIRTHPLACE (city or town)	Name of operation	
(citato di citatia)	What tast confirmed diagnosis? Was there an eulop	osy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. if death was due to axternal causes (VIOLENCE) fill in eiso the following:	
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of injury	., 19
(State or country)	Whara did injury occur? (Specify city or town, county and State)	
7. INFORMANT	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Concerns Tand		
8. BURIAL, CREMATION, OB REMOVAL	Mannar of injury	
Place Date Date 19	Natura of injury	
9. UNDERTAKER) ALLER Of A. B	24. Was disease or Injury in any way related to occupation of deceased?	
(Address) East and Gred	If so, spacify	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory dauses of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Unionic interstituti nepartitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

	(/31)
County I albut	Registration Dist. No. 290
Village or City Caston Mo	No. Me of the state of the stat
Length of residence in city or town where death occurred	f death occurred in a hospitator institution, give its NAME instead of street and number) s. 2 ds. How long in U.S. if of foreign birth?
DTT: R	If U.S. Veteran specify WAR
2. FULL NAME CALLE 1103 CEN	c. shell be
(a) Residence: No. / A D (Sual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH October (Day) (Year)
5a. If married, widowed, or divorced	22. I H/EREBY CERTIFY. That i attended deceased from
(or) WIFE of alfred Rogier	Sont 2 1 1936 to Ochre 1/ 1936
6. DATE OF BIRTH (month, day, and year) July 2 1896	i last saw h_M_ alive on_ QC+
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.4.7.f.m.
40 3 1 1/a lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Clementa, acule the traces Sept 1-1
kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc. 9. Jadostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	-
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation 24	Other Contributory Causes of importances
12. BIRTHPLACE (city or town)	Chunic replied
(State or country)	- Medral undufficiency
13. NAME John Stanley 14. BIRTHPLACE (city or town) Lagre	74.0
14. BIRTHPLACE (city or town) Lagger (State or country)	Name of operation 200 Date of
# 15. MAIDEN NAME Martha Wilsons	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Jane	Accident, suicide, or homicide?
[16. BIRTHPLACE (eity or town) Trapped (State or country)	Where did Injury occur?
17. INFORMANT dorsey Wilson (Address) Lagre nd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place / RAPPE Date Oct. 13, 1936	Manner of injury
19 UNDERTAKER Mauri Col auraum AZ	24. Was disease or injury in any way related to occupation of deceased? . Zco
(Address)	If so, specify Affend of
20. FILED 10/1/, 19.36 M. J. M. Registrat.	(Signed) A. M. D. (Address) England M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10676
1. PLACE OF DEATH	210°m
County Tallat	Registration Dist. No. 290
Village City Easton (If	ND. G mergessest Noskital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME William James Sevie	If U.S. Veteran specify WAR.
(a) Residence: No. St. Misliaels, Maryla	wst. Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white or DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowad or divorced HUSBAND of Cory WIFE of Codes A Startundo Sources	22. I HEREBY CERTIFY That I attended decessed from
1.10 1981	7 1956, to 90 7 1956
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Devs If LESS than	I lest saw h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
lormin.	were es follows:
kind of work done, as SPINNER, Casting	Tracturel Skull, 10931
9 Industry or business in which work was done, es SILK MILL	(Compound)
SAW MILL, BANK, atc.	
11. Total tine (years) this occupation (month and 1936 spent in this occupation 20 yrs)	
12. BIRTHPLACE (city or town) Juniz Mills	Other Contributery Causes of importance:
(State or country) Maryland	
13. NAME James Seviel 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
	Whet test confirmed diegnosis? Wes thara an autopsy?
T TOWNS	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?
16. BIRTHPLACE (city or town)	Whara did Injury occur? St. Marchaels Wig
17. INFORMANT William albert Sevier	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) St. Michaels, Maryland	Puplic affect.
18. BURIAL, CREMATION, DR REMOVAL PIECE T. Michael Date /// 1936	Neture of injury Freedure Skell
19. UNDERTAKER LUN au Harriso (Addrass) It Wildling Will Mid	24. Was disease or injury In any wey related to occupation of decaesad?
20. FILED 10/11 , 1936 M. A. Merrie	(Signed) To Salve D. M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOA 6 7838			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

mation should be carefully supplied.

STATE OF MAR	RYLAND—CERTIFICATE OF DEATH
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10077

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH County Jalbot	3
11	Registration Dist. No. 293
Village or City Mauhews	ND. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sufart Stanford	
(a) Residence: ND.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Och. 12 1936.
5a. tf merried, widowad, or divorced HUSBAND of	(Month) (Dey) (Year)
HUSBAND of (or) WtFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Oct 22, 1936	I last sew h alive on 19 deeth is seid
7. AGE Yaers Months Days If LESS than	to have occurred on the dete stetad ebove, atm,
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	Date of onset
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Stellborn
10. Date deceased last worked at this occupation (month and yaer)	
12. BIRTHPLACE (city or town) (Stata or country)	Dthar Coutributory Causes of importance:
13. NAME Carroll Therner	
13. NAME Canall Verner 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
15. MAIDEN NAME Isebell Stanford	What test confirmed diagnosis? Was there an eutopsy? 23, If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sebell Stanford 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT annie Bampson Midwife (Addrass) Eastin - Mid.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece at home Matthews Date 10 22 1936	Manner of injury
base ce Marian	Natura of Injury
19. UNDERTAKER Cample Walnut (Addrass) Capton - Mdv	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED 10 - 28 -, 1936, J. L. Gardiner	(Signed) of a Gardner Local Registrar m.D.

(Addrass)

Registrar.

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Example I	-1	Example II			
The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis NOV 3 1930	1921	Run over by street car	1 week ago		
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Cerebral hemorrhage					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

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ARGIN

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Example I	1	Example II		
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Chronic interstition nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorphage - 1936	July 5,1927	Peritonitis	3 days ago	
H 400 5. 11				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			11-1-1	

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FOR

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ARGIN

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis MOV 3 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
RUREAU V. S.	,			
Other contributory causes of importance:	A	Other contributory causes of importance:	TW. H. J.	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	W1 1000	Other contributory causes of importance:		
Unisities	May 1,1923	ousirventeruts	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						

mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10681
1. PLACE OF DEATH , A	93-0 Drusbt
County Talbot	Registration Dist. No. 290
Village or City Copperantle	No. " Oulside " St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mayouder true	If U.S. Yeteran specify WAR.
(a) Residence: No.	St, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word).	10 3 193 6
a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceesed from
Janue, Vinely	8 12 a 1936 to 10/3 1936
DATE OF BIRTH (month, day, end year) 3/12/56	I lest sew home elive on 10 13 , 1936; deeth is seld
AGE Years Months Deys If LESS than	to have occurred on the date steted above, et 2/1-12_m.
60 6 21 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
Trade, profession, or perticular kind of work done as SPINNER	Leute Mysearchitis 8-120/2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at	
this occupation (month and yeer) spent in this occupation	
a DIRTURI ACE (situat fama)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (Stete or country)	
13. NAME Ivan Wines	
13. NAME 114. BIRTHPLACE (city or town)	Neme of operation Dete of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Lenkage	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Michael Robber	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
7. INFORMANT LASTON (Address) Easton Will	
8. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piace Cofoherwille Date 0/6 , 1936	Neture of Injury
2) 1/8	24. Was disease or injury in any way related to occupation of deceesed?
O HNDEDTAVED	
(Address) Eaglow Amol	If so, specify
	If so, specify (Signed) Harring J. 486 - AM. D

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Example I	4	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6-1836	July 5,1927	Peritonitis	3 days ago	
THE STALL V. S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

V. S. No. 1

AGE should be stated EXACTLY.

PHYSICIANS should state

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH

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1. PLACE OF DEATH	00-7	93-0.	
County	albot	Registration Dist. No. 212	
Village or City	aford	NoSt.,	Ward
Length of residence in city or lown what		death occurred in a hospital or institution, give its NAME instead of street and death. How long in U.S. if of foreign birth?	
2. FULL NAME CO	vyn Will	isms	
(a) Residence: No.	0	St., Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH	
Temal Black	OR DIVORCED (write the word)	(Month) (Oay)	, 193 36
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	me !	22. OLHEREBY CERTIFY That I attended	
	Wel max 1936	1986, to CC 5	10%
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, all / Am.	; death is said
V 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER.	0 ormin.	were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc.	IWIU	My	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		My so arditis	-
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town)	od ml	Other Contributary Causes of Importance:	~ ~~~~~
13. NAME Noah	Villeam		-
13. NAME 14. BIRTHPLACE (city or lown) (State or country)	comobe ma	Name of operation Date of	5
	11/ Sitney	What test confirmed diagnosis? Was there an	autopsy?
H	v nung	23. If death was due to external causes (VIOLENCE) fill in also the foliowing	g:
O 16. BIRTHPLACE (city or town) (State or country)	Mcoss (1 moi	Accident, suicide, or homicide? Oate of Injury	7, 19
17. INFORMANT Mary	Williams	Where did injury occur?	ACE.
(Address)	Oxford men		
Place Place	Oate Oct 8 - 1936	Manner of Injury	
19. UNOERTAKER MEM	men Ba	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Central	ma:	If so, specify Award Ayaras	21
20. FILED. Q12 9 , 1976	Registrar.	(Signed) W (Address) East Control	M.D.
l mor		2411 N. (mailes Street, Baltimore, Requesting U. S. No. 1.	-F-40

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARY	AND-	-CERTIFIC	CATE	OF	DEATH
JINIL OI	IAIL VIVIE	-/11/	CEILLI	7/11	U I	DEITI

12	0	0	0	7	
1	U	()	0	3	

1. PLACE OF DEATH	
County Jalbot	Registration Dist. No. 290
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Famile Circlina	If U.S. Veteran epecify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / O (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE	22. I HEREBY CERTIFY, That I ettended doceased from July 15 1936, to C.T. 3 1936; deeth is said to have occurred on the dete stated above, at 1220 m. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows: Date of onset July 12373 Other Contributory Causes of Importance:
13. NAME 13 Level 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN (Address)	23. If deeth wes due to external causes (VIOLENCE) fill in also the Ioliowing: Accident, suicide, or homleide?
18. BURIAL, CREMATION, OR REMOVAL Place PROVIDENCE TO 12 7 , 1936	Manner of injury
19. UNDERTAKER AMARIAN AND AND AND AND AND AND AND AND AND A	24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed) (Address) M. D.

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	Example I	1	Example II		
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Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 6 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S				
Other contributory can	uses of importance:		Other contributory causes of importance:	THE REAL PROPERTY.	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

		F MARY	LAND-	CERTIFICATE OF DEATH	L
1. PLACE OF DEAT	مد			Registration Dist. No. 242	
Village or City1 Length of residence In cit	ty or town where do	eth occurred	(lf	No. St., If death occurred in a hospital or institution, give its NAME instead of street and number sds. How long in U.S. if of foreign birth?yrsmos	_Wai
2. FULL NAME(a) Residence: No	Stillis	West Dec	yamin	St., Ward. If nonresident give city or town and State	
PERSONAL AN	D STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	R OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day) (193	eer)
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	rced		0	22. I HEREBY CERTIFY, That I attended decease	
6. DATE OF BIRTH (month, day	, and year) Sc	ptas.	1936	I last saw h. 2011. alive on Oct. 79.30	ls s
7. AGE Years	Months	Days	If LESS than I dey,hrs. ormin.	the transfer of period and sented causes of importance	of ons
8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, as S SAW MILL, BANK, e	PER, etc.	nie		Deute Se Kulid, du/ Oct 18	*3
10. Date deceesed lest wor this occupetion (more year)	ked at nth end	11. Totel tir spen occu	ne (years) t in this pation	Wasserman, on powerts of positive/s. Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town). (State or country)	Diet	z,60		This was sendoubtedly supplished we-	
13. NAME 14. BIRTHPLACE (city or to (State or country)	wn)Ja	this 6)~)	Name of operation Dete of Dete of What test confirmed diagnosis ### Determine an part of Was there are europsy	7
15. MAIDEN NAME	Hoen	ec Olus	LOW	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn)	you 6	0	Accident, suicide, or homicide?	9
17. INFORMANT	relevence	Musty		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR R	EMOVAL	Date Oct	31-,1936	Manner of injury	
19. UNDERTAKER 244 (Address)	atooling	husto	No.	24. Wes disease or injury in eny way related to occupation of deceased? 200	
20. FILED Que 34., 1	19.36 m	estasz	Registrar.	(Signed) Surve me	M.
	If more bl	lanks are needed, ac	dress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I			Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MOV 3 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	uses of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 6 1030	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year